

Mail to:
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Division of Solid and Hazardous Waste
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UTAH DIVISION OF
SOLID & HAZARDOUS WASTE

2006 SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2005 or most recent fiscal year

Administrative Information

Facility Name: Peck Rock & Products
Facility Mailing Address: 1512 N 1300 E
(Number & Street, Box and/or Route)
City: Lehi, State: Utah Zip Code: 84043
County: Utah
Contact's Name: Clay Peck / Cole Peck Phone No.: (801) 768-8111
Title: owners
Contact's Mailing Address: Same as above
Contact's Email Address: cpc08111@msn.com

Owner

Name: Cole & Clay Peck Phone No.: (801) 768-8111
Mailing Address: Same
(Number & Street, Box and/or Route)
City: _____, State: _____ Zip Code: _____

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: Same Phone No.: ()
Mailing Address: _____
(Number & Street, Box and/or Route)
City: _____, State: _____ Zip Code: _____

Facility Type and Status

☐ Class I ☐ Class IIb ☐ Class V
☐ Class II ☐ Class IVa ☒ Class VI
☐ Class IIIa ☐ Class IVb

Does the facility have a construction and demolition (C/D) cell as part of the permit (not operated under a separate permit number)? Yes _____ No _____

If facility was permanently closed during the year enter date closed: _____

Annual Disposal

Total facility tons: 23,738.41 tons or cubic yards: _____

If separate tonnages are available

Municipal tons: _____ or cubic yards: _____

C/D tons: 23,738.41 tons or cubic yards: _____

Industrial tons: _____ or cubic yards: _____

Conversion Factor used

- ☐ No conversion factors used
☐ Conversion factor from rules (R315-302-2(4)(c)) used
☐ Site specific conversion used Please list: _____

Tons Recycled: _____

Cubic Yards Recycled: _____

Financial Assurance

Current Closure Cost Estimate: _____

Current Post-Closure Cost Estimate: _____

Current Financial Assurance Mechanism: Letter of Credit

(ie. Bond, Trust Fund, Corporate or government Test etc.)

Financial Assurance Mechanism Holder: Zions Bank Letter of Credit

(ie. Name of Bond Company, Bank etc.. If PTIF Account give account number)

Current Amount or Balance in Mechanism: 23,000

Other Required Reports

Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The recalculation, along with proof that the new cost estimates are fully covered by the assurance mechanism currently be utilized, must be submitted. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" must provide the information required in R315-309-3(7)(d) each year.

Ground Water Monitoring: Each facility that is required to monitor ground water must submit a ground water monitoring report that contains water elevations, sampling results, and statistical analyses. Check box if facility is exempt from ground water monitoring ☐

Explosive Gas Monitoring: A gas monitoring report must be included unless the facility is a Class II landfill that has receive an exemption, a Class III, IV, or VI landfill, or any other facility that has an exemption.

Check box if facility is exempt from gas monitoring ☐

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature: Cole Peck **Date:** 1-23-06

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: Cole Peck **Title:** owner